

2000 UNIFORM BUSINESS REPORT (UBR)

4/18/00

FILED
May 15, 2000 8:00 am
Secretary of State

04-18-2000 90181 031 ***150.00

DOCUMENT # P99000050638

Entity Name

MAGIC CLEANING POOL SERVICE, INC.

Principal Place of Business

Mailing Address

5290 GWEN LANE
 SPRING HILL FL 34609

5290 GWEN LANE
 SPRING HILL FL 34609-1437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3586309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOSSARD, SCOTT T
6315 ADAMS STREET
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name **SCOTT T BOSSARD**

Street Address (P.O. Box Number is Not Acceptable)
2572 10th ST #206

City

SARASOTA

FL

Zip Code

34237

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/99

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00 *
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	LESTER BOSSARD	
STREET ADDRESS	5290 GWEN LANE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	BRAD BOSSARD	
STREET ADDRESS	1382 GILES AVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MOLRA BOSSARD	
STREET ADDRESS	5290 GWEN LANE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 352-683-4646

Date

Daytime Phone #

CR2E034 (9/99)